

4339 U.S. PTO
10/03/01

05-02-01

A

UTILITY PATENT

Attorney Docket APPLICATION 2132.050

TRANSMITTAL FIRST NAMED INVENTOR
OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al
TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 2753 DALTONS
EXPRESS MAIL LABEL NO.: US608094597US Date submitted: 04/30/01

PTO

J1000 U.S. PTO
09/846328
04/30/01

APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent appln.)

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification 36 Total Pages
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 USC 13) 2 New Sheets
4. Decl./Pow. of Att. 2 Total pages (COPY)
 - a. Combined Executed (original or copy) for C-I-P application)
 - b. Copy from a prior appln. (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (Identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS:

8. Assignment Papers (copy)
9. 37 CFR 3.73(b) Statement Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
14. Small Entity(2) Statement filed in prior (Unsigned) Statement(s) Application

[Note Box 5 Below]

15. Certified Copy of Priority Document(s)
(If foreign priority is claimed)

I. Deletion of Inventor(s)

Signed statement attached deleting 16. Other:
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b)

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. Or Attach bar code label here) Cust. #2191

NAME: Michael A. Slavin
McHale & Slavin, P.A.

ADDRESS: 4440 PGA Blvd., Suite 402

CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410

COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY2001

Date: 04/30/01

Total Amount DUE: \$ 355.00

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

Charge any additional Fee required under 37 CFR 1.15 and 1.17 _____

Applicant claims small entity status. See. 37 CFR 1.27

2. Payment Not submitted

Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee	FEE DESCRIPTION/FEE PAID
Code	(\$)	Code	(\$)	

101	710	201	355	Utility filing fee	<u>355</u>
106	320	206	160	Design filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional filing fee	_____

SUBTOTAL(1) \$355.00

Fee from

2. CLAIMS

Extra below Fee Paid

Total Claims 2 20 = -3- x 9 = \$ -0-

Independent 1 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 _____ x _____ = \$ -0-

Claims

Large Entity Small Entity

Fee	Fee	Fee	Fee	FEE DESCRIPTION
Code	(\$)	Code	(\$)	

103	22	203	11	Claims in excess of 20
102	82	202	41	Ind. Claims in excess of 3
104	270	204	135	Mult. Dependent claim
109	82	209	41	Reissue Independent Claims over Original Patent
110	22	210	11	Reissue Claims in excess of 20 and over original patent

FEE SUBTOTAL(2) \$ 355.00

*Reduced by Basic filing fee **SUBTOTAL(3) _____** SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. Slavin Reg. No. 34,016

Signature: Michael A. Slavin Date: 04/30/01 Dep. Acct.: _____

Application Number : N/A

Filing Date : N/A

First Named Inventor: Jackowski et al

Group Art Unit : N/A

Examiner Name : N/A

Attorney Docket No. 2132.051

FEE CALCULATION (continued)

3. ADDITIONAL FEES:

		Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION
105	130	205	65	Surcharge - late filing fee/oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a Request. for Exam.
112	920*	112	920*	Req. publication of SIR prior Examiner Action
115	110	215	55	Extension - first month
116	400	216	200	Extension - second month
117	950	217	475	Extension - third month
118	1510	218	755	Extension - fourth month
128	2060	228	1030	Extension - fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Brief in support of Appln.
21	270	221	135	Req. for Oral Hearing
138	1510	138	1510	Petition to Institute Public Use Proceeding
140	110	240	55	Pet. to revive - unavoidable
141	1320	241	660	Pet. To revive - unintentional
142	1320	242	660	Utility Issue Fee
143	450	243	225	Design Issue Fee
144	670	244	335	Plant Issue Fee
122	130	122	130	Petitions to Commissioner
123	50	123	60	Petitions re: Provisional
126	240	126	240	Sub. Of Infor. Discl. Stmt.
581	40	581	40	Record. Patent Assign. Per property
146	290	246	395	Filing a Submission After Final rejection (37 CFR .129(a))
149	790	249	395	For each addnl. invention to be examined (37 CFR 1.129(b))
				Other fee (specify) _____

FEE SUBTOTAL(2) \$ 355.00 *Reduced by Basic filing fee **SUBTOTAL(3) _____** SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. Slavin Reg. No. 34,016

Signature: Michael A. Slavin Date: 04/30/01 Dep. Acct.: _____

CERTIFICATE OF EXPRESS MAIL

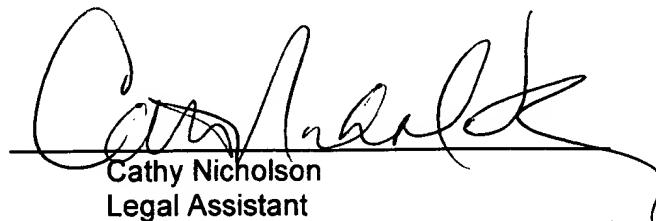
Express Mail Mailing Label: EL608094597US

I HEREBY CERTIFY that the following correspondence: **UTILITY APPLICATION TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate; RETURN-RECEIPT postcard**; regarding the Application entitled: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 2753 DALTONS**.

Commissioner of Patents & Trademarks
Box Patent Application
Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.



Cathy Nicholson
Legal Assistant

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